

Title: **The MEPRS Connection**

Session: **T-4-1000-1050, W-2-1000-1050**



Objectives

- Describe MHS strategic goals and how the three accounting entities merge with the overall vision.
- Illustrate how the MEPRS, the UBO, and the UBU provide functional support to each other while supporting large scale initiatives.
- Provide a road map for what we hope to accomplish in the Data Integrity track.



Overview

- MHS Strategic Goals
- Patient Accounting Cycle Support System
- Large scale initiatives
 - Third Party Collections
 - Business Planning
 - Patient Centered Medical Home
- Goal for the Week



Personnel and Readiness Strategic Plan

Vision/Mission Statement

Total Force
Readiness

Caring for Our
People

Culture of
Relevance,
Effectiveness,
Efficiency



Personnel and Readiness Strategic Plan

Goals

- Provide the Right Policy
- Strengthen Readiness
- Deliver Quality Healthcare at Affordable Cost
- Strengthen Performance
- Communicate in One Voice



MHS Strategic Goals

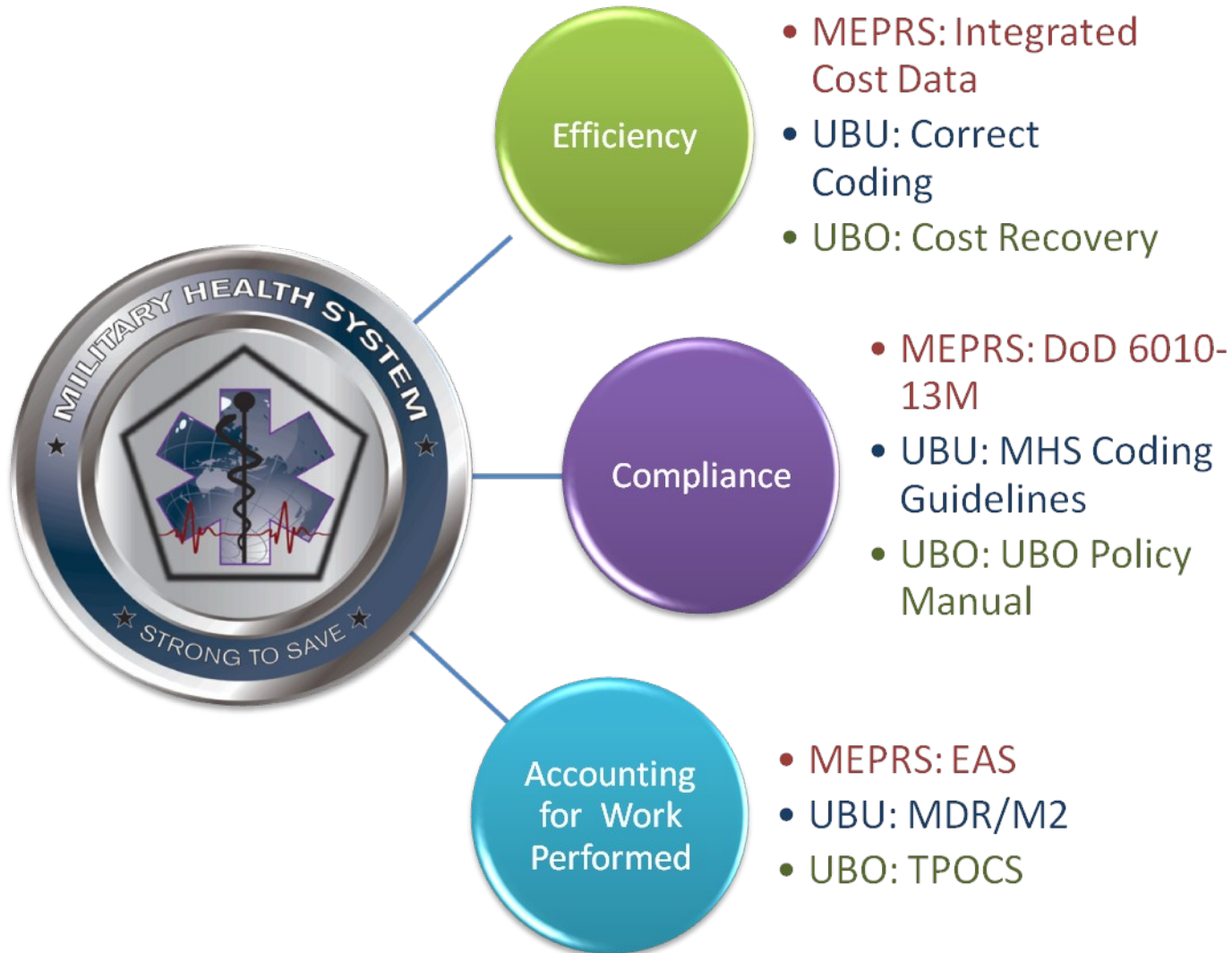
Efficiency

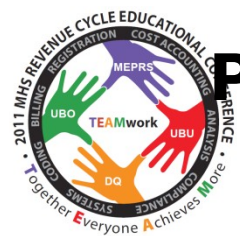
Compliance

Accountability

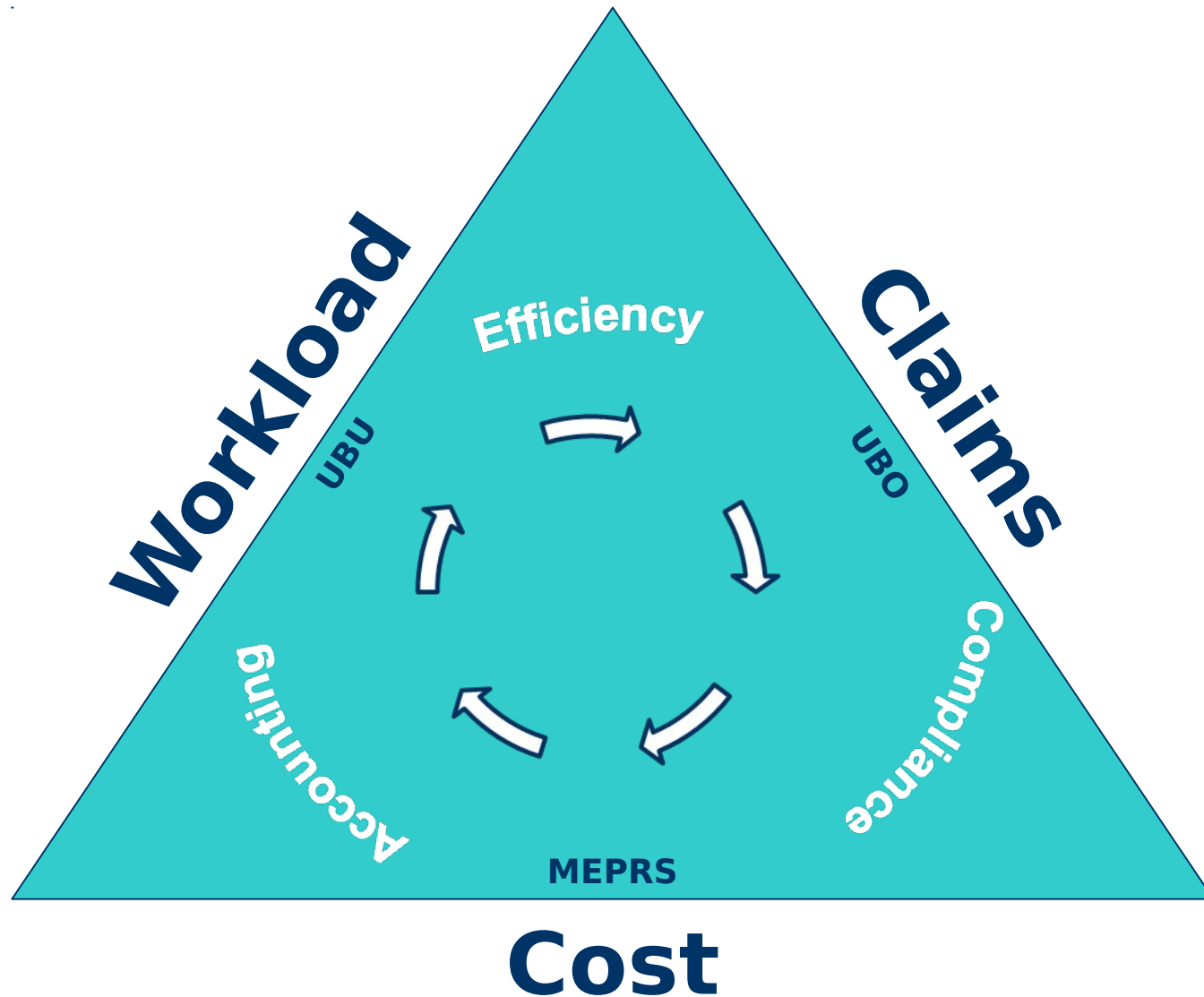


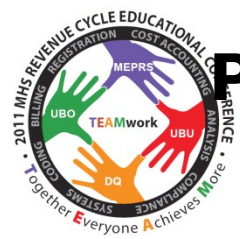
MHS Strategic Goals





Patient Accounting Cycle Support System

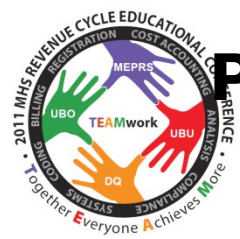




Patient Accounting Cycle Support System

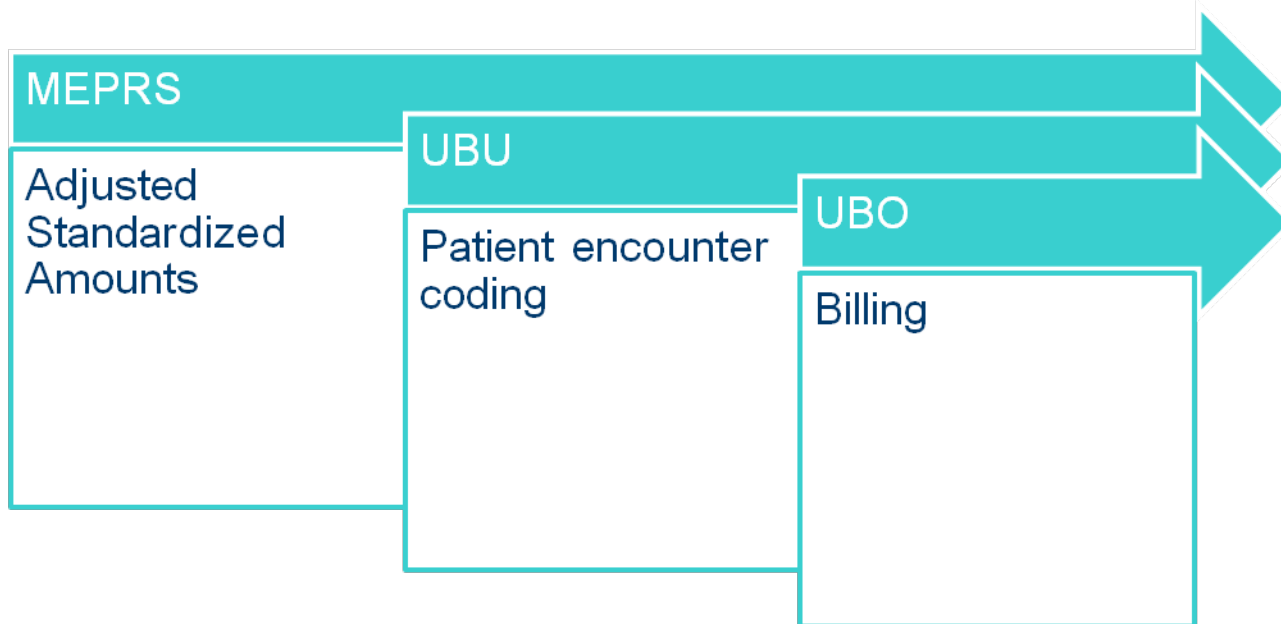
	Inpatient Institutional (Hospital)	Inpatient Professional	Outpatient Professional
Diagnosis	ICD-9-CM Diagnoses	ICD-9-CM Diagnoses	ICD-9-CM Diagnoses
Additional Diagnosis Information	DoD Extender Codes	DoD Extender Codes	DoD Extender Codes
Services Provided	ICD-9-CM Procedures	CPT, HCPCS	CPT, HCPCS
Where in the MTF	MEPRS	MEPRS	MEPRS
	<i>Diagnosis + Procedure = DRG = \$</i>		<i>CPT, HCPCS = \$</i>

Note: ICD-9-CM International Classification of Diseases 9th revision Clinical Modifications; CPT Current Procedural Terminology; HCPCS Healthcare Common Procedure Coding System; MEPRS Medical Expense and Performance Reporting System



Patient Accounting Cycle Support System

Third Party Collections





Adjusted Standardized Amounts (ASA)

TMA, Three Services, Three Programs dedicated toward the same UBO overarching goals:

Identify those entities who owe the MHS money

Present bills to those who owe the MHS money

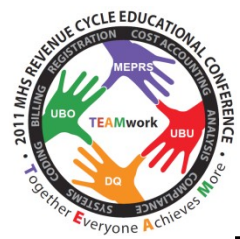
Collect what we are due in a cost effective
manner



Adjusted Standardized Amounts (ASA)

As per the Fiscal Year (FY) 2010 Inpatient Billing Rates and Guidance, “The inpatient full reimbursement/third party collection (TPC) rate per hospital discharge is based on the cost per Medicare Severity Diagnosis Related Group (MS-DRG) and weighted to reflect the intensity of hospital services provided to patients based on the principal and secondary diagnoses, surgical procedures, and patient demographics.”

The MHS methodology is comparable to the methodologies used by the Centers for Medicare and Medicaid Services (CMS) and CHAMPUS.

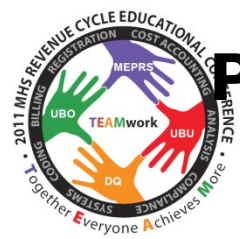


Adjusted Standardized Amounts (ASA)

- Basis for MHS MTF inpatient billing
- Inpatient rates are based on direct care inpatient standardized cost per Medicare Severity Relative Weighted Product (MS-RWP).
- Each MTF providing inpatient care has its own applied ASA rate.
- Current FY rates are calculated using the most current completed FY data; i.e., FY10 rates are based on FY08 direct care dollars.

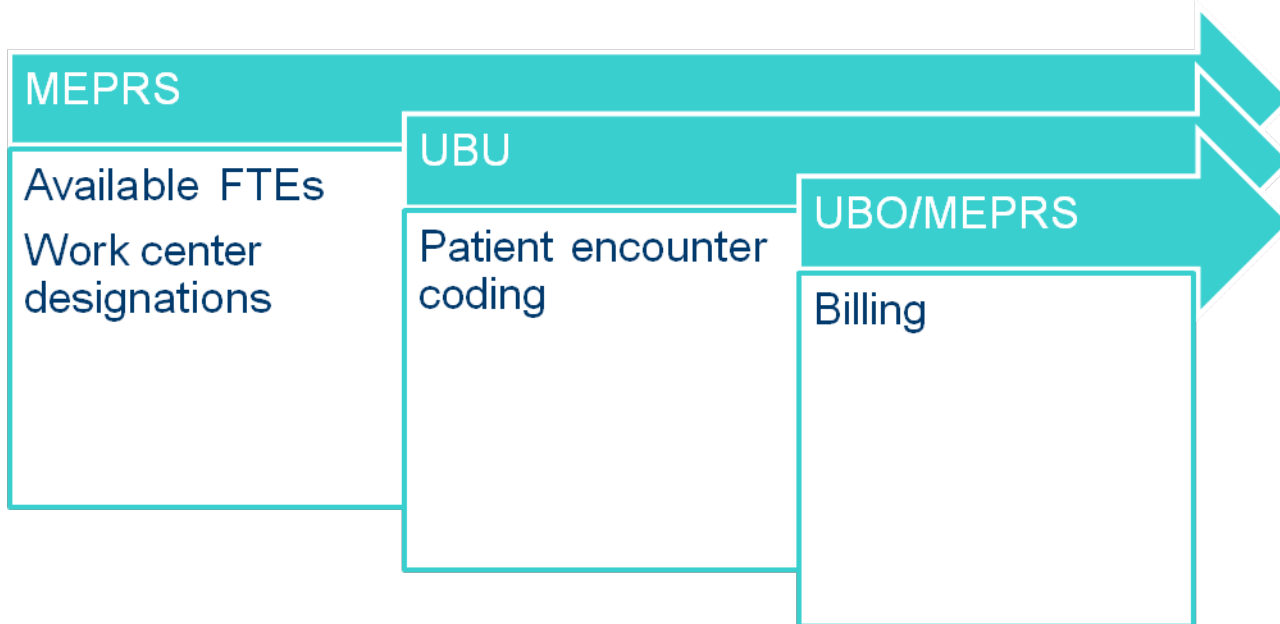
ASA GROUP	V22 FY04 BASE FY06 RATES	V23 FY05 BASE FY07 RATES	V24 FY06 BASE FY08 RATES	V25 FY07 BASE FY09 RATES	V26 FY08 BASE FY10 RATES	V26 FY08 BASE FY10 RATES - INDEXED
HIGH (> 1.00)	\$8,632.89	\$9,081.76	\$10,265.93	\$9,619.52	\$11,076.62	\$9,606.03
LOW (≤ 1.00)	\$8,939.81	\$9,265.67	\$11,015.44	\$10,314.82	\$12,410.59	\$9,947.55
OVERSEAS	\$12,282.92	\$12,259.16	\$12,992.48	\$12,036.33	\$16,118.66	\$13,667.51

High (> 1.00) and Low (≤ 1.00) refer to Area Wage rates.



Patient Accounting Cycle Support System

Business Planning





Business Planning Goals

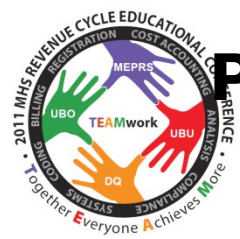
From FY2010-2012 BUMED Business Planning Supplemental Guidance, “Every encounter treated as billable, whether billable or not. Achieving this goal will require improved documentation, coding, data quality, and business process at all levels of the Enterprise...”



Business Planning Goals

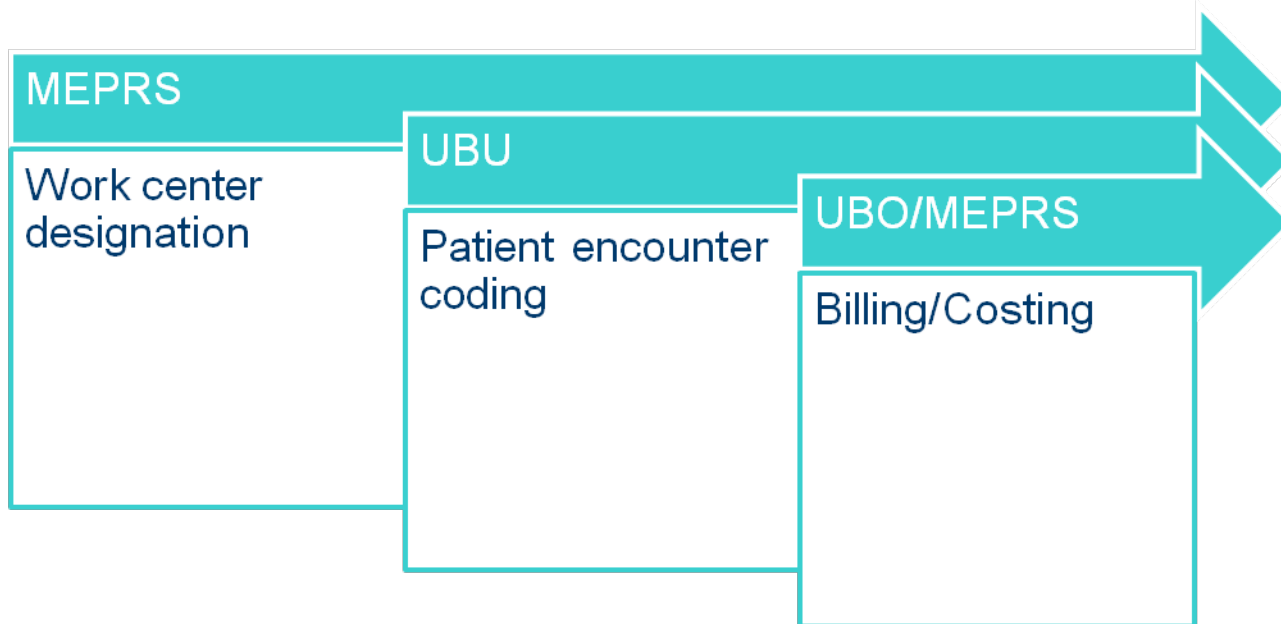
Why Business Plans?

- Forecast health care needs and purchased care requirements
- Coordinate care in multi-market regions
- Place accountability for care at the MTF
- Explain deviations from plan
- Budgets based on outputs, not inputs



Patient Accounting Cycle Support System

Patient Centered Medical Home (PCMH)





Patient Centered Medical Home

Seven Core Principles

- Personal Primary Care Provider (PCMBN)
- Primary Care Provider Directed Medical Practice
- Whole Person Orientation (respectful, patient centered not disease or provider centered)
- Care is Coordinated and/or Integrated (across all levels of care)
- Quality and Safety (evidenced-based & safe care)
- Enhanced Access (from the patient perspective)
- Payment Reform (incentivize the development and maintenance of the medical home)



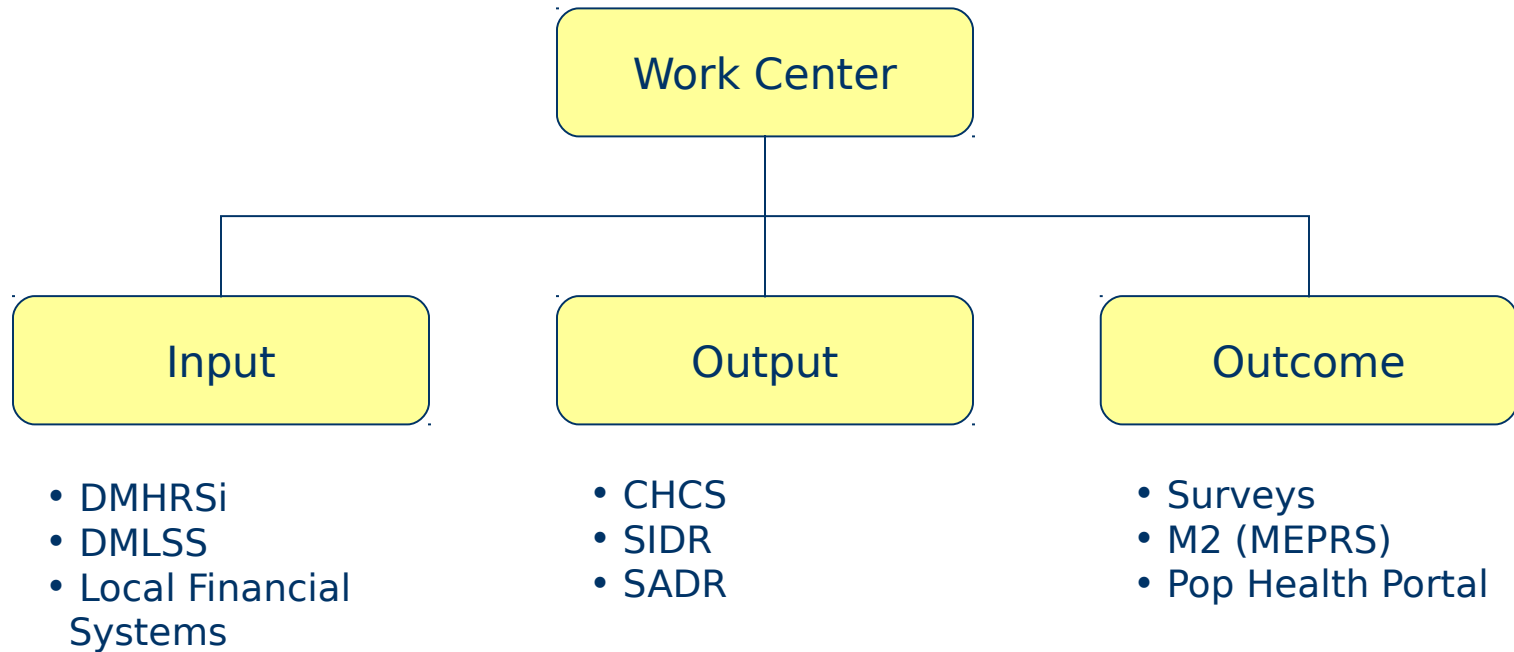
Personnel and Readiness Strategic Plan

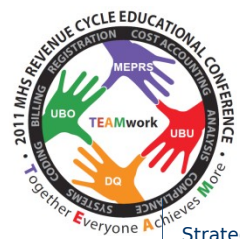
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Work Center = Functional Cost Code





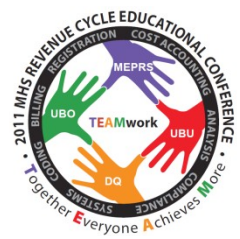
MHS Strategic Imperatives Scorecard & MEPRS Data

	Strategic Imperative	Exec Sponsor	Performance Measure	Development Status	Current Performance	Current Target	Target (2012)	Target (2014)	Strategic Initiatives
Readiness	Individual and Family Medical Readiness	FHPC TBD	Individual Medical Readiness Measure of Family Readiness (i.e., PHA for families)		71%	80%	82%	85%	IMR programs (e.g., addressing dental class 4, overdue PHAs, etc.)
	Psychological Health & Resiliency	FHPC	PTSD Screening, Referral and Engagement (R/T)		44%/69%	40%/65%	40%/65%	40%/65%	Psychological Health
		FHPC	Depression Screening, Referral and Engagement (R/T)		60%/73%	40%/65%	40%/65%	40%/65%	
Population Health	Engaging Patients in Healthy Behaviors	CPSC	MHS Cigarette Use Rate (Will transition to: Percent of Patients Advised to Quit Tobacco Use)		22%	20%	18%	16%	Healthy Behaviors/Lifestyle Programs
		CPSC	Body Mass Index		-	-	-	-	
		CPSC	HEDIS Index - Preventative Screens		12	12	13	14	
Experience of Care	Evidence-Based Care	CPSC CPSC	HEDIS Index - Clinical Practice Guidelines Overall Hospital Quality Index (ORYX)		8 87%	8 88%	9 90%	10 92%	Evidence Based Care
	Wounded Warrior Care	CPSC	MEBs Completed Within 30 Days		30%	80%	-	-	Wounded Warrior Programs
		CPSC	MEB Experience Rating		46%	45%	55%	65%	
	24/7 Access to Your Medical Home	CPSC	Effectiveness of Care for Complex Medical/Social Problems		-	-	-	-	Patient Centered Medical Home
		JHOC	3 rd Available Appointment (Routine / Acute)		77%/63%	90%/75%	92%/77%	94%/79%	
	Personal Relationship with Your Doctor	JHOC	Getting Timely Care Rate		74%	78%	80%	82%	Disability Evaluation System Redesign
		JHOC	Potential Recapturable Primary Care Workload for MTF Enrollees		-	-	-	-	
Per Capita Cost-learning & Growth	Align Incentives to Promote Outcomes and Increase Value for Stakeholders	JHOC	Percentage of Visits Where MTF Enrollees See Their PCM		45%	60%	65%	70%	Evolution of Performance Planning
		JHOC	Satisfaction with Health Care		59%	60%	62%	64%	
	Align Incentives to Promote Outcomes and Increase Value for Stakeholders	CFOIC	Impact of Deployments on MTFs		-	-	-	-	Evolution of Performance Planning
		CFOIC	Annual Cost Per Equivalent Life (PMPM)		10%	6%	-	-	
	Effective Knowledge Management	CFOIC	Enrollee Utilization of Emergency Services		72/100	65/100	60/100	55/100	Evolution of Performance Planning
		CFOIC	Enrollee Utilization of Emergency Services		72/100	65/100	60/100	55/100	
	Effective Knowledge Management	CPSC	User Assessment of EHR		-	-	-	-	EHR Way Ahead
	Using Research to Improve Performance	CFOIC	Effectiveness in Going from Product to Practice (Translational Research)		-	-	-	-	
Per Capita Cost-learning & Growth	Fully Capable MHS Workforce	CFOIC	Human Capital Readiness		-	-	-	-	Centers of Excellence
		CFOIC	Staff Satisfaction / Team Function		-	-	-	-	BRAC / Facility Transformation



Data Integrity Track





Data Collection Paradox

Those who
collect the data
do not use the
data.

Those who use
the data do not
collect the data.



Data Analysis Goal

Those who
collect the data
do not use the
data.

Those who use
the data do not
collect the data.



Goal for This Week



Tuesday
Data Quality
&
Internal
Management
Controls



Wednesday
Strategic
Plan
&
Data
Management



Thursday
Data
Applications



Summary

- All three accounting entities have a part in upholding the MHS strategic goals.
- MEPRS touches all major MHS initiatives whether through work center identification, rate setting, or valuation.
- Through the curriculum provided this week, we hope to close the chasm between those who collect the data and those who use the data.



Q&A

Questions?